



Registration Instructions:

A separate form is required for each individual person requesting evacuation registration!

The focus of this program is primarily Hurricane Evacuation.

If your form is missing information such as correct phone number, address, etc., we may not be able to contact you. We cannot determine your needs unless you answer ALL questions regarding any medical and transportation requirements. Upon receipt of a signed and completed form by the Emergency Management Office, each individual will be entered into our database.

Keep your registration information current!

You are responsible for informing the Office of Emergency Management of any changes that may occur and may affect your registration records. If you move, change your phone number, or no longer need to be registered, let us know immediately so your file information can be updated. If we cannot contact you during an emergency evacuation, we cannot assist you.

This registry will be updated annually.

New forms will be mailed to registrants to update information and verify eligibility. Registrants who DO NOT reply or cannot be reached at that time are removed from our registry.

Non-Residents:

Persons who register and are not residents of the City of Houston will have their registration forms delivered to the Emergency Management Office of the jurisdiction where they reside.

Nursing homes or assisted living facilities:

Individuals residing in nursing homes or assisted living facilities are not eligible for this program because these facilities are required by the State to maintain Emergency Plans that address resident care during times of emergencies.

Registration is FREE and VOLUNTARY. This form information is solely to provide information to public safety and transportation agencies related to an individual's disability, medical, mobility, or other dependency that responders should be aware of to assist during an emergency evacuation.

The City of Houston Office of Emergency Management will coordinate the registration, notification and evacuation of those residents who have physical or mental disabilities, health and medical conditions, or transportation needs.

A checklist of basic items you need to bring with you in the event of an emergency evacuation follows:

Have these items packed and ready before transportation arrives for you.

Shelter Packing List

PLEASE NOTIFY HOME SERVICE PROVIDERS IF YOU ARE EVACUATING!

Medications and Medical Supplies:

Daily Prescriptions (Two-Week Supply)
Oxygen
Eye Glasses
Hearing Aids
Walker, Wheelchair, Etc.

Important Papers:

Personal Identification (Picture ID, Insurance Policies, Medical/Home, legal papers)
Family Phone Numbers (Please try to include one "out of town" contact)
Copies of Prescriptions
Doctor's Name & Phone Number.

Personal Items:

Toothbrush, Paste,
Soap, Towel, Etc.

Comfort Items:

Blankets, Sleeping Bag & Pillow

Extra Clothing:

Comfortable clothing.

Special Dietary Foods:

If you have a special Diet, bring these items
Bring non-perishable food and a can opener.

Entertainment Items:

Books, Magazines, Cards, Games...

Other: Flashlight, Batteries, Radio with Batteries.

Have these items packed and ready BEFORE transportation arrives for you.

***Houston Emergency Management
5320 N. Shepherd
Houston, Texas 77091
713 884-4500
TTY 713 884-4518***

Website: <http://www.houstontx.gov/oem>

Please read, complete, and sign the registration form.

Evacuation Registration 2006



IDENTIFYING INFORMATION:

First Name: _____ Middle Initial: _____
Last Name: _____ English spoken? ☐ No ☐ Yes
Date of Birth: _____ Sex: ☐ M ☐ F
Street Address: _____ Apt# _____
City: _____ State: _____ Zip code: _____
Phone #: 1. _____ 2. _____
PETS: ☐ No ☐ Yes If Pet reply was "Yes", describe pets: (names, types and weights): _____

RESIDENCE

Do you live in a Mobile Home? ☐ No ☐ Yes
Do you live in a Special Medical Needs facility, Nursing Home or Assisted Living facility? ☐ No ☐ Yes
If Yes, name of Facility: _____
[Facility/Branch]
If Not, With Spouse (name) _____ (phone) _____
With Son/Daughter (name) _____ (phone) _____
With Other: _____ Relationship: _____

EVACUATION PLANNING

If called to evacuate, do you have an evacuation plan? ☐ No ☐ Yes
Can you transport yourself? ☐ No ☐ Yes
Is your Companion/Caregiver/Spouse going with you? ☐ No ☐ Yes
Will you go by car? ☐ No ☐ Yes

If Yes) who will operate vehicle?: _____

If No, Evacuate by Other Means:

(Choose only one) _____ wheel-chair van ☐ ambulance

If ambulance, name of Ambulance Company: _____ Phone#: _____

Other evacuation plan: _____

SHELTER PLANNING

What is your plan for sheltering if evacuation is necessary? _____

If no plans, would you like the City of Houston Office of Emergency Management to contact you? _____

Other?	Yes	No	Describe:

Other conditions: _____

Other emergency equipment: _____

Other assistance /needs:



**LIST CONTACTS / NEXT OF KIN
Home Service Providers**

(Please try to list at least one "out of town" person)

*Please indicate if we can release your evacuation status information
to this person or agency if you have been evacuated and they call us for information
about your status.

1. Contact Name: _____ Phone #: _____ Extension: _____

Relationship: _____ Release Status information? __No__ Yes

2. Contact Name: _____ Phone #: _____ Extension: _____

Relationship: _____ Release Status information? __No__ Yes

3. Contact Name: _____ Phone #: _____ Extension: _____

Relationship: _____ Release Status information? __No__ Yes

4. Contact Name: _____ Phone #: _____ Extension: _____

Relationship: _____ Release Status information? __No__ Yes

PERSONS/CAREGIVERS EVACUATING WITH YOU

1. Name: _____

Relationship: _____

2. Name: _____

Relationship: _____

3. Name: _____

Relationship: _____

4. Name: _____

Relationship: _____

5. Name: _____

Relationship: _____

IMPORTANT NAMES AND NUMBERS:

Physician's Name: _____ Phone #: _____ Extension: _____

Hospital Preference: _____

Home Health/Hospice Agency Name: _____

Phone #: _____

COMMENTS OR NOTES: _____



Signature of Applicant: _____ Date: _____

Mail this completed and signed form to:

**Houston Emergency Management
5320 N. Shepherd
Houston, Texas 77091**

***You are responsible for providing us with up-to-date information. If your registration information changes, please contact us as soon as possible to update the information!
Thank you!***

If this information has been entered by another on behalf of a person requesting registration in this program, please complete the following:

Name: _____ Phone #: _____ Extension: _____

Agency/Institution/Relationship _____

Position: _____

Email: _____

Signature: _____ Date: _____
